Attorney or Party without Attorney:	<del>-</del>		·····	For Court Use Only
THOMAS E. FRANKOVICH, Bar #744	<b>L</b> 4			· l
THE FRANKOVICH GROUP				
2806 VAN NESS AVE.				
SAN FRANCISCO, CA 94109				
Telaphone No. 415-674-8600 FAX No.	o: 415-674-9900			
		Ref. No. or File No.:		
Attorney for: Plaintiff		REDS RECOVI	ERY ROOM	
Insert name of Court, and Judicial District and Brand	k Court:			
United States District Court Northern Dis	strict Of California	ı		
Plaintiff: CRAIG YATES, et al.				
Defendant: RED'S RECOVERY ROOM, IN	C., et al			
PROOF OF SERVICE	Hearing Date:	Time:	DeptDlv:	Case Number:
AMEN/SUMM-CIVIL CASE				C07-4395 JCS

- At the time of service I was at least 18 years of age and not a party to this action.
- I served copies of the AMENDED SUMMONS IN A CIVIL CASE, FIRST AMENDED COMPLAINT FOR INJUNCTIVE RELIEP AND DAMAGES.
- a. Party served:

TOWNSEND CAPITAL PARTNERS, LLC

Address where the party was served:

1101 FIFTH AVENUE

**SUITE 300** 

SAN RAFAEL, CA 94901

5. I served the party.

- b by substituted service. On: Wed., Dec 05, 2007 at: 4:15PM by leaving the copies with or in the presence of: LINDSEY ELKIN, EXECUTIVE ASSISTANT
  - (1) (Business) a Person in charge at least 18 years of age apparently in charge of the office or usual place of business of the
    person served. I informed him or her of the general nature of the papers.
  - (4) A declaration of mailing is attached.
- 6 The "Notice to the Person Served" (on the Summons) was completed as follows on behalf of: TOWNSEND CAPITAL PARTNERS, LLC Other. LIMITED LIABILITY COMPANY
- 7. Person Who Served Papers:

а. ДМ КИД

First Legal Support Services ATTOKNEY SERVICES

1138 HOWARD STREET

San Francisco, CA 94103

(415) 626-3111, FAX (415) 626-1331

Recoverable Cost Per CCP 1033.5(a)(4)(B)

- d. The Fee for Service was:
- e I am; (3) registered California process server

(i) Independent Contractor

(ii) Registration No.:

186

(iti) County:

Мапп

8 I declare under penalty of perjury under the laws of the State of California and under the laws of the United States Of America that the foregoing is true and correct.

Date Tue, Dec. 11, 2007

PROOF OF SERVICE TAKEN/SUMM-CIVIL CASE

(JIM RUIZ)

6387376.thafr-fg.102075

Judicial Council Form POS-010 Rule 982.9.(a)&(b) Rev January 1, 2007

Attorney or Party without Attorney:				For Court Use Only
THOMAS E. FRANKOVICH, Bar #74	414			
THE FRANKOVICH GROUP				<b>\</b>
2806 VAN NESS AVE.				
SAN FRANCISCO, CA 94109				
Telephone No. 415-674-8600 FAX	№ 415-674-9900			
		Ref. No or File No		
Attorney for: Plaintiff	aintiff		ERY ROOM	
Insert name of Court, and Judicial District and Bro	unch Court:			
United States District Court Northern I	District Of Californi	a		
Plaintiff: CRAIG YATES, et al.			-	7
Defendant: RED'S RECOVERY ROOM, I	NC., et al.			
PROOF OF SERVICE	Hearing Dote:	Time-	Dept/Div	Case Number:
By Mail				C07-4395 JCS

- I am over the age of 18 and not a party to this action. I am employed in the county where the mailing occurred.
- I served copies of the AMENDED SUMMONS IN A CIVIL CASE; FIRST AMENDED COMPLAINT FOR INJUNCTIVE RELIEF AND DAMAGES.
- By placing a true copy of each document in the United States mail, in a sealed envelope by First Class mail with postage prepaid
  as follows:

a. Date of Mailing:

Wed., Dec. 05, 2007

b. Place of Mailing:

SAN FRANCISCO, CA 94103

c. Addressed as follows.

TOWNSEND CAPITAL PARTNERS, LLC

1101 FIFTH AVENUE

SUITE 300

SAN RAFAEL, CA 94901

- I am readily familiar with the business practice for collection and processing of correspondence as deposited with the U.S. Postal Service on Wed., Dec. 05, 2007 in the ordinary course of business.
- 5. Person Serving:

a. AARON DANIEL

 b. FIRST LEGAL SUPPORT SERVICES 1138 HOWARD STREET SAN FRANCISCO, CA 94103

c. 415-626-3111

Repoverable Cost Per CCP 1033.5(a)(4)(B)

d The Fee for Service was

c. I am. Not a Registered California Process Server

8. I declare under penalty of perjury under the laws of the State of California and under the laws of the United States Of America that the foregoing is true and correct.

Date Tue, Dec. 11, 2007

PROOF OF SERVICE

ON DANIEL AND STATE OF TORRE

Judicial Council Form POS-010 Rule 982.9.(a)&(b) Rey January 3, 2007

1	CERTIFICATE OR FROOF OF SERVICE						
2	State of California						
3	County of San Francisco ) ss						
4	I, the undersigned, say: I am and was at all times herein mentioned, a resident of the City and County of San Francisco, over the age of eighteen (18) years and not a party to the within action or proceeding; that my business address is 2806 Van Ness Avenue, San Francisco, CA 94109-5460; that on the below date, following normal business practice, I						
5							
6							
7	RETURN OF SERVICE RE DEFENDANT TOWNSEND CAPITAL PARTNERS, LLC						
8	on the interested parties in this action, conveyed as follows:						
9	<ul> <li>by depositing true copies thereof, enclosed in a sealed envelope, with postage thereon fully prepaid:</li> <li>in first class U.S. Mail</li> <li>in priority or standard overnight mail via Federal Express.</li> </ul>						
10							
11	I am readily familiar with this office's practice for collection and processing of						
12	correspondence for mailing with the United States Postal Service or Federal Express.  In the ordinary course of business, correspondence, including said envelope, will be						
13	deposited with the United States Postal Service or Federal Express in San Francisco.						
14	by transmitting via facsimile to the fax number(s) set forth below.						
15	□ by causing personal delivery by Western Messenger Service.						
16	□ by personal hand-delivery.						
17	addressed to:						
18	John H. Feldmann III, Esq. Linda Skomro Red's Recovery Room. Inc.						
19	211 Forbes Avenue 8175 Gravenstein Highway						
20							
21							
22	employed in the office of a member of the bar of this court at whose direction the service was made, and that the foregoing is true and correct. Executed on January 3, 2008, at San Francisc						
23							
24	California.						
25	Armetrice Cooper (Original aigned)						
26	(Original signed)						
27							